



# For the calendar year

2003

Check if this is an amendment to your current statement.

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Connie	Kay
Name (first)	Name (middle)
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### INSTRUCTIONS

Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." Incomplete statements will be returned. Please note that the statement must be affirmed and signed. Complete the form by printing legibly or typing. Attachments may be included to provide additional information or to clarify. *Bold italicized* words in the form are defined below. Financial Disclosure Statements filed with the State Ethics Commission are available for public inspection, photocopying, and possible access on the agency Web site [www.ai.org/ethics].

### WHO MUST FILE THIS FORM, AND WHEN

- 1) The Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction, any person who is the appointing authority of an agency, the director of each division of the Department of Administration, any purchasing agent within the Procurement Division of the Department of Administration or an employee required to do so by rule adopted by the Commission must file this financial disclosure form no later than **February 1** of every year.
- 2) Candidates for Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction must file this disclosure before filing a declaration of candidacy under IC 3-8-2, petition of nomination under IC 3-8-6, or declaration of intent to be a write-in candidate under IC 3-8-2-2.5, or before a certificate of nomination is filed under IC 3-8-7-8.
- 3) The persons listed in (1) above, must file not later than sixty (60) days after employment or taking office, unless the previous employment or office required the filing of a statement under this section.
- 4) The same persons required to file in (1) above must file not later than thirty (30) days after leaving employment or office, unless the subsequent employment or office requires the filing of a statement under this section.

#### **DEFINITIONS OF TERMS USED IN THIS FORM**

- 1) "Business relationship" means dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing: (A) a pecuniary interest in a contract or purchase with the agency; or (B) a license or permit requiring the exercise of judgement or discretion by the agency.
- 2) "Employer" means any person from whom a state officer or employee or the officer's or employee's spouse received compensation (a customer or client of a self-employed individual in a sole proprietorship or a professional practice is not considered to be an employer).
- 3) "Gift" means the transfer or promise of a transfer of something of value regardless of the form without adequate and lawful consideration or consideration less than that required of others who are not state officers or employees, including the full or partial forgiveness of indebtedness, which is not extended to others who are not state employees on the same terms and conditions. However, "gift" does not include gifts from relatives of less than two hundred fifty dollars (\$250) or campaign contributions subject to IC 3-9-2.
- 4) "Person" means any individual, proprietorship, partnership, unincorporated association, trust, business trust, group, or corporation, whether or not operated for profit, or governmental agency or political subdivision.

X

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have no information to report in this section, put an "X" in this box)											
List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.											
Name of your business	Nature of business										
Name of spouse's business	Nature of spouse's business	Nature of spouse's business									
Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?  Yes No											
List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.											
PART 5 - PARTNERSHIPS (If you have no in	nformation to report in this section, put an "X" in this box)										
List any partnership in which you or your spouse is a member and the nature of the partnership business.											
Name of partnership	Nature of partnership  Rental units for subsidized how										
Martin Group - Birdseye Apartments Name of spouse's partnership	using										
PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you	u have no information to report in this section, put an "X" in	this box)									
List the name of any corporation in which you or your spouse is a officer or director and the nature of the corporation's business. Churches need not be listed.											
Name of corporation	Nature of business										
Nass & Son, Inc. Funeral Home Name of spouse's corporation	Funeral goods & services Nature of spouse's business										
				-							
PART 7 - STOCKHOLDER OF CORPORATION (If you have no information to report in this section, put an "X" in this box)											
List the name of any corporation in which you, your spouse, or your of ten thousand dollars (\$10,000). A time or demand deposit in a fir	r unemancipated children own stock or stock options having a fair nancial institution or insurance policy need not be listed.	r market v	value in e	excess							
Name of corporation		yours	spouse's	children's							
See attached list of holdings	The second secon										
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PART 8 - MOST RECENT EMPLOYER (If you have no information to report in this section, put an "X" in this box)											
List the name and address of your most recent former employer.											
Name of your most recent former employer  City of Huntingburg - Mayor	Address (street, city, ZIP code) <b>Huntingburg, Indiana</b>										



# ADDENDUM TO PART 7 OF STATE FORM 40876 (R6/11-97)

### NAME OF CORPORATION

## (CONNIE KAY NASS ACCOUNT)

NASS AND SON, INC. FUNERAL HOME HELEN OF TROY CORP NEW BERMUDA BP PLC SPONS ADR CHEVRON TEXACO CORP CITIGROUP INC COCA-COLA COMPANY DARDEN RESTAURANTS INC DELUXE CORP GENERAL MILLS INC GILLETTE CO LEHMAN BROS HLDG INC SCUDDER MUN INCOME TR TAKE-TWO INTERACTIVE INC VECTREN CORP ING AETNA FINANCIAL SERVICES - STATE OF INDIANA RETIREMENT PLAN THE AMERICAN FUNDS GROUP

# (ALAN WAYNE NASS ACCOUNT)

NASS AND SON INC FUNERAL HOME HELEN OF TROY CORP NEW BERMUDA ALLTEL CORP AMERICAN ITALIAN PASTA CO ANALOG DEVICES INC COCA COLA COMPANY DELL COMPUTER CORP GENERAL ELECTRIC CO GERMAN AMERN BANCORP **GUIDANT CORP** INTEL CORP JOHNSON & JOHNSON COMMON LEAR CORP ORACLE CORP PFIZER INCORPORATED PFIZER INCORPORATED CALL WPE JAN25 QUEST DIAGNOSTICS INC UNIVERSAL HEALTH SERVICE CAPITAL INCOME BLDR FUND GROWTH FUND AMERICA INC THE AMERICAN FUNDS GROUP - FUNDAMENTAL INVRS INC AND **NEW ECONOMY FUND SBI** PUTNAM NEW OPPTYS FUND

### **AFFIRMATION**

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature

connie & Mass

Date signed 1- 28-04

Mail or deliver to the following address:

Indiana State Ethics Commission 402 West Washington Street, Room W189 Indianapolis IN 46204-2026 Telephone: (317) 232-3850